

The administocracy does indeed covet your "house," because space is power. The personal space that you occupy outside of the hospital and clinic, your office and your laboratory, is controlled by the administocracy. Allocation decisions are made not to facilitate your work and not as an incentive for productivity, but as a threat to achieve conformity and to guarantee compliance with their policies. When income is limited and proscribed, when the surgeon has become a 100% employee, then space and the use of that space become powerful inducements for faculty recruitment and retention. Space become a means to form a faculty to fit the new corporate mold. More than ever, space becomes a weapon to enforce compliance and to deny personal autonomy.

If money and space have been removed from the surgeon's control, how about the control of an individual's research? Here, too, administocracy has moved in. The formerly automatic forwarding of a properly prepared grant application has recently been subjected to additional internal institutional review and the threat of an institutional refusal to forward certain grant applications. This newly assumed institutional power has been termed a violation of academic freedom by a regional president of the American Association of University Professors.¹ Ongoing grants have been challenged by administocrats, with attempts at mandating personnel changes on a faculty research team. Faculty peer committees to supervise proper contract relations with industry have been disbanded and replaced by an administrator or a group subservient to the administocracy. Autonomy of research has been replaced by research at the pleasure of the administocracy.

There is, unfortunately, no limit to coveting. According to Horace: "The covetous man is ever in want."¹¹

RESOLUTION

Although I coined the term administocracy, all else in this version of the Ten Commandments, as perverted by this new corporate bondage, is based on what has happened, is happening, and will happen. For many of us, certain, if not all, of the forces and events outlined are already part of our personal histories. Those fortunate enough to have been spared thus far will not be so favored in the future. I hope no one in this audience suffers from "mural dyslexia,"¹² the inability to read the handwriting on the wall.

My intent in this narrative has been to express, in words and by examples, the manifestations of a calamitous reality that is altering the basic fabric of our professional lives, as well as the quality of medical care. We cannot elect simply to observe this transformation. The structures we stand on are disintegrating. If we continue to be complacent, if we do not oppose the powerful economic elements arrayed against us, if we take little interest in understanding the nature of our enemies, then surgery, as a discipline, and we, as surgeons and as independent practitioners, free to act within the boundaries of our conscience, will lose our culture, as well as our personal autonomy.

I have tried in these remarks to outline a brief differential diagnosis of this malady of encroaching administocracy, in order that we may formulate practical deterrents. I ask you to consider, each for your own situations, a workable, achievable alternative to administocracy, the forging of an ethical governance for academia, income distribution, and administration by facilitation. All of us need to take an active role in this process of evolution and innovation, to take it now, and to commit to it in the years to come.

Further, to maintain the individuality we prize, we have to realize that, individually, we are easy pickings. We must work together, as a community of surgeons, in our academic, cultural, and political organizations to defend our values. Ironical as it may be, we will need to give up some of our precious autonomy to safeguard that very autonomy. In his Republic, Plato expressed the concept of banding together as fundamental to preserving individuality: "... a state comes into existence because no individual is self-sufficient. . . ."¹³

A satisfactory resolution of this clash of cultures will not be achieved quickly or easily. This contest will not be decided by the sprinters. Victory will belong to the marathoners. Fortunately, surgeons are trained for the long haul.

CLOSURE

I would like to close with one final quotation, four questions of self-examination from the Talmud, which express my personal aspirations: "Have I lived honorably on a daily basis? Have I raised the next generation? Have I set aside time for study? Have I lived hopefully?"¹⁴

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RECOGNITION OF ACHIEVEMENT

• Mr. ASHCROFT. Mr. President, I rise today to extend appreciation to my spring 1999 class of interns: Lionel Thompson, Ryan Carney, Stephanie Harris, Kelly Owens, Daniel Lawson, Lacey Muhlfeld, Pete Johnson, Brian Kim, and J.Y. Brown. Each of these young people has served the people of Missouri diligently in my office. They have been invaluable members of my Operations Team over the past several months, and their efforts have not gone unnoticed.

Since I was elected in 1994, my staff and I have made an oath of service,

commitment, and dedication. We dedicate ourselves to quality service. America's future will be determined by the character and productivity of our people. In this respect, we seek to lead by our example. We strive to lead with humility and honesty, and to work with energy and spirit. Our standard of productivity is accuracy, courtesy, efficiency, integrity, validity, and timeliness.

My spring interns have not only achieved this standard, but set a new standard on the tasks they were given. They exemplified a competitive level of work while maintaining a cooperative spirit. It is with much appreciation that I recognize Lionel, Ryan, Stephanie, Kelly, Daniel, Lacey, Pete, Brian, and J.Y. for their contribution to me and my staff in our effort to fulfill our office pledge and to serve all people by whose consent we govern.●

WORKERS' MEMORIAL DAY 1999

• Mr. FEINGOLD. Mr. President, I rise today to honor the men and women in our labor force that put their health and safety on the line every day at work. Today, we observe the passage of the landmark Occupational Safety and Health Act, signed into law 29 years ago, and the tenth anniversary of Workers' Memorial Day.

Mr. President, today is a chance for all of us to celebrate, and to mourn—to recognize the strides we've made on worker safety, and to mourn those who have lost their lives while they were simply doing their job.

Although the workplace death rate has been cut in half since 1970, 60,000 workers still die every year from job hazards, and six million more are injured. In Wisconsin our workplace accidents rate of 11.4 workplace accidents per 100 workers is higher than the national average. This is not a statistic anyone should be proud of, but it does help us maintain our focus as we work toward stronger laws, stricter enforcement, and safer workplaces.

We need to work together to protect the workers that have built our communities and helped them thrive. Unfortunately we still hear stories of workers like Vernon Langholff, who in 1993 fell 100 feet to his death when a corroded fire escape collapsed beneath him while he was cleaning dust from a grain bin. Just this year a company in Jefferson County was convicted in a state court for the recklessness that caused Langholff's death. In 1996 the company was fined \$450,000 for its deliberate indifference to worker safety—because they delayed spending the \$15,000 it would have taken to fix the fire escape and prevent Langholff's death. Stories like this remind us that an unsafe workplace can mean disaster for everyone involved—it can bring untold tragedy to a family, it can bring serious, long-term financial and legal repercussions for an employer.

The consequences of delaying the repair of a fire escape or ignoring safety